

Arizona Department of Health Services OCDPNS Nutrition Standard Infants

Dietary Quality/Appropriate Nutrition:

Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth. Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet. It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired. (1)

Macronutrients (2)(3)

- **Protein:**
Birth to 6 months-2.2g/kg/day - 9.1g/d (AI)
6 months to a year-1.5g/kg/day -13.5g/d (AI)
- **Carbohydrates**
30% to 60% of the energy intake during infancy should come from carbohydrates
Birth to 6 months: 60g/d (AI)
6 months to 1 year: 95g/d (AI)
- **Total fat:**
It is recommended that infants consume a minimum of 3.8g/100 kcal and a maximum of 6g/100 kcal of fat (constituting 30% to 54% of calories of energy).
Birth to 6 months: 31g/d (AI)
6 months to 1 year: 30g/d (AI)
- **Total Fiber:**
No recommendation for infants.

Iron (2)(4)

Birth to 6 months: .27 mg/d
6 months to 1 year: 11mg/d

Normal infants have adequate stores of iron for growth up to a doubling of their birth weight. This doubling occurs at approximately 4 months of age in full-term infants.

Breastfed and formula fed infants should receive an additional source of iron by 4 to 6 months of age. Iron-fortified cereal, meat baby foods and infant formula are common food sources. An average of two ½ oz. servings or 15 grams of iron-fortified dry baby cereal is needed to meet the daily iron requirements of infants 4 to 6 months and older. Infants fed exclusively formula should be fed iron-fortified formula. (2)

Fruit/Vegetable Intake

- **Vitamin A (4)**

Birth to 6 months: 400 mcg/d (AI)

6 months to 1 year: 500 mcg/d (AI)

- **Vitamin C (5)**

Birth to 6 months: 40 mg/d (AI)

6 months to 1 year: 50 mg/d (AI)

Do not introduce fruits or vegetables before 6 months of age.

Do not introduce citrus fruits and juices until a year of age. (2)

Calcium and Vitamin D (6)

- **Calcium**

Birth to 6 months: 210 mg/d (AI)

6 months to 1 year: 270 mg/d (AI)

- **Vitamin D:**

200 IU per day (AI)

A supplement of 200 IU per day is recommended for the following:

1. All breastfed infants unless they are weaned to at least 500 mL per day of vitamin D-fortified formula or milk.
2. All non-breastfed infants who are ingesting less than 500 mL per day of vitamin D-fortified formula or milk. (1)

Folate (7)

Birth to 6 months 65 mcg/d (AI)

6 months to a year 80 mcg/d (AI)

Adequate folic acid is usually supplied by breast milk or infant formula. (10)

Additional Considerations

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Infants weaned before 12 months of age should not receive cow's milk feedings but should receive iron-fortified infant formula. Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet. In the first 6 months, water, juice, and other foods are generally unnecessary for breastfed infants.⁽¹⁾

Suggested introduction are:

0-4 months	None
4-6 months	Rice cereal, oatmeal or other single-grain baby cereals (with iron)
6-8 months	Single-grain baby cereals (with iron), cereal/fruit baby cereals, oven-dried toast or teething biscuits; infant 100% non-citrus fruit juices by cup (up to 4 oz. per day); strained mashed, green, dark yellow, or orange (no corn) vegetables (1/4 to 1/2 cup per day); and strained or mashed, without the peels fruits (up to 1/2 cup per day).
8-10 months	Baby cereals with iron, toast, plain bagel, crackers, teething biscuits, bread; 100% fruit juice by cup (up to 4 oz. per day); cooked, mashed vegetables; soft fruit or canned fruits packed in water or their own juice, peeled, seeded, and finely chopped; ground or finely chopped lean meats, egg yolk, small amounts of plain yogurt, cottage cheese, and cheese.
10-12 months	Baby or toddler cereals with iron, unsweetened cereals, mashed potatoes, rice, noodles, and spaghetti; 100% fruit juice by cup (up to 4oz. per day); cooked, chopped vegetables; soft fruit or canned fruits packed in water, peeled, seeded and chopped; small tender pieces of lean meats, and cooked dry beans.

The American Academy of Pediatrics (1)

- Infants receive breast milk for the first 4 to 6 months exclusively and with solids for at least the first year
- Introduce one new food at a time at weekly intervals.
- Avoid overfeeding. Stop feeding when the baby turns away from food and shows disinterest.
- Use a baby spoon to feed cereal and other foods. Do not put cereal in bottle.
- Use formula, not cow's milk until baby's first birthday.
- Don't add any sugar or salt to baby's food. Check labels on packaged foods and avoid added sugar and salt. Don't offer baby sweet desserts, candy, soft drinks, fruit-flavored drinks and sweetened or sugar coated cereal.
- Buy plain vegetable, fruit and meat baby food. Combination dinners may contain fewer nutrients than single food items.

Bright Futures (8)

- Healthy infants do not need extra water, except in hot weather. The amount of water needed by infants to replace water loss and to grow is available in human milk and formula. When solid foods replace some of the breast milk or formula in the baby's diet, baby may need extra fluids.
- Do not give citrus fruits, egg white, shellfish, nuts or chocolate to a baby before one year of age. These foods may cause allergic reactions.

Desired Outcomes for the Infants and the Role of the Family

Infants

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none">• Has a sense of trust• Bonds with parents• Enjoys eating	<ul style="list-style-type: none">• Breastfeeds successful• Bottle feeds successfully if not breastfeeding• Consumes supplemental foods to support appropriate growth and development	<ul style="list-style-type: none">• Develops normal rooting, sucking, and swallowing reflexes• Develops fine and gross motor skills• Grows and develops at an appropriate rate• Maintains good health

Family

Educational/Attitudinal	Behavioral	Health
<ul style="list-style-type: none">■ Understands that each child's growth and development are unique■ Has a positive attitude toward food■ Understands the nutrition needs of the growing child and the importance of scheduled healthy meals and snacks■ Encourages the child to try a variety of healthy foods■ Understands the importance of modifying foods for the child to make them easier and safer to eat■ Understands the importance of a healthy lifestyle, including eating healthy foods and participating in regular physical activity	<ul style="list-style-type: none">■ Understands that parents are responsible for what, when, and where the child eats, and that the child is responsible for whether to eat and how much■ Serves developmentally appropriate foods■ Serves scheduled healthy meals and snacks■ Offers a variety of foods■ Eats meals together regularly to ensure optimal nutrition and to facilitate family communication■ Provides positive role models by eating healthy foods and participating in regular physical activity■ Uses nutrition programs and food resources if needed■ Provides safe opportunities for active play	<ul style="list-style-type: none">■ Maintains good health

Healthy Weight

An infant's birth weight usually doubles in 4 to 6 months and triples at one year. Early recognition of excessive weight gain relative to linear growth should become routine by physicians. (9)

The current calorie recommendation (9)

- Infants birth to 6 months - 108 times the weight in kilograms
- Infants 6 to 8 months old - 98 times the weight in kilograms

Screening

Weight, stature, length and head circumference are commonly used to assess size and growth. Growth Charts are available at <http://www.cdc.gov/growthcharts>

Age	Weight Gain (10)
Birth to 3 months (corrected age)	21oz per month
3-6 months	1 pound per month
6-9 months	10.5 oz. per month
9-12 months	6 oz. per month

Screening Guidelines (10)

Anthropometric Index	Percentile Cut Off Value	Nutritional Status Indicator
Weight-for-length/stature	< 5th Percentile > 95 th Percentile	Reflects body weight relative to length Classifies infants and young children as overweight and underweight.
Stature/length-for-age	< 5th Percentile	Describes linear growth relative to age Defines shortness or tallness. Short Stature
Weight for-age		Reflects body weight relative to age and is influenced by recent changes in health or nutritional status. Not used to classify infants, children and adolescents as under or overweight
Head Circumference for age	< 5th Percentile > 95th Percentile	Reflect brain size Developmental Problems

Satiety Cues:

- Overfeeding in infancy can occur if parents are not sensitive to the infant's satiety cues, or if they consistently respond to crying by feeding the infant. Do not force a baby to finish food or formula.
- If parents cannot discriminate between their infant's cries and thus offer food to satisfy all types of infant discomforts, the infant, in turn may not learn to discriminate between hunger and other discomforts. He may learn to rely on eating as a way of satisfying a wide variety of needs.
- Parents have the responsibility of offering a variety of foods; infants should decide what and how much to eat.

Physical Activity

Bright Futures (8)

General:

- Encourage parents to attend classes to learn about promoting physical activity during infancy. Suggest that they participate in parent-infant playgroups.
- Infants need the opportunity to move. Encourage parents to provide objects and toys and to play games to encourage their infants to move and do things for themselves.
- Gently turning, rolling, bouncing, and swaying infants are excellent ways to increase their muscle strength and to help them develop important connections between the brain and muscles.
- Tell parents that rough-and-tumble activities are not appropriate for infants. Infants usually signal their distress (e.g., by crying) if the physical activity is too vigorous, overwhelming, or disconcerting. Parents should pay attention to these signals and stop the physical activity if needed.
- Encourage parents to ask the child care provider how much time the infant spends moving around (i.e., not sitting in an infant safety seat or sleeping).

Physical Development

- Infants need physical activity from the time they are born. Parents should be encouraged to nurture their infants' motor skill development and to promote physical activity.
- Infants need to develop head and trunk control. When infants are 3 months old, parents can encourage this control by (1) placing the infant on their laps, facing them; (2) holding the infant's hands and encouraging the infant to stand; and (3) pulling the infant up into a standing position. When the infant is pulled up, the infant should stand with the parent's support. If the infant can hold the upright posture, the parent can gently sway the infant side to side.
- Parents should be encouraged to ask the child care provider how much time the infant spends moving around (i.e., not sitting in an infant safety seat or sleeping).

The National Association for Sport and Physical Education (11)

Part of the infant's day should be spent with a caregiver or parent who provides systematic opportunities for planned physical activity. These experiences should incorporate a variety of baby games such as peek-a-boo and pat-a-cake and sessions, in which the child is held, rocked and carried to new environments. The National Association for Sport and Physical Education (NASPE) guidelines for infants are:

Guideline 1- Infants should interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.

Guideline 2 - Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.

Guideline 3 - Infants' physical activity should promote the development of movement skills.

Guideline 4 - Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities.

Guideline 5 - Individuals responsible for the well being of infants should be aware of the importance of physical activity and facilitate the child's movement skills

Oral Health

Fluoride (6,13)

- Birth to 6 months .7mg/d (AI)
- 7 months to a year .9mg/d (AI)

The Academy of Pediatric Dentistry recommends that: (12)

General anticipatory guidance for the mother (or other intimate caregiver) before and during the colonization process includes the following:

- Oral hygiene - Tooth brushing and flossing on a daily basis are important for the parent to dislodge and reduce levels of bacterial plaque.
- Diet - Important components of dietary education for the parents include the caries potential of their diet, the cariogenicity of certain foods and beverages, the role of frequency of consumption of these substances, and the process of demineralization and remineralization.
- Fluoride - Using fluoridated toothpaste approved by the American Dental Association and rinsing every night with an alcohol-free over-the-counter mouth rinse containing 0.05% sodium fluoride have been suggested to help reduce plaque levels and help enamel remineralization.
- Caries removal - Routine professional dental care for the parents can help keep their oral health in optimal condition. Removal of active caries and subsequent restoration are important to minimize infecting the infant with the parents. Oral flora.
- Delay of colonization - Education of the parents, especially mothers, on sharing utensils (eg. shared spoons, cleaning a dropped pacifier with their saliva), foods, and cups can help prevent early colonization of oral flora in their infants.
- Xylitol chewing gums - Recent evidence suggests that the use of Xylitol chewing gum (4 pieces per day by mother) had a significant impact on decreasing the child's caries rate.

General anticipatory guidance for the young patient (0 to 3 years of age) includes the following:

- Oral hygiene - Cleansing the infant's teeth as soon as they erupt with either a washcloth or soft brush will help reduce bacterial colonization. The use of dental floss when adjacent teeth are touching is important to help reduce interproximal caries.
- Diet - After the eruption of the first primary teeth, prevention of EEC is possible by restricting bottle/breast feeding to normal meal times and not allowing the infant to feed ad libitum or while sleeping at naps or at night. The parents' understanding of the cariogenicity of certain foods can help the infant and child eliminate or reduce their caries levels.
- Fluoride - Optimal exposure to fluoride is important to all dentate infants and children. Caution is indicated in the use of all fluoride-containing products. Decisions concerning the administration of additional fluoride are based on the unique needs of each patient
- Community water fluoridation is a safe and effective way to significantly reduce the risk of early childhood caries in infants. When bottled water is used in formula preparation, it is recommended to have approximately 0.8 to 1.0 mg/L (ppm) of fluoride per day. Concentration of optimal fluoride in water for maximal dental caries prevention is 0.7 ppm to 1.2 ppm (13)

Food Security

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. (19 USDA ERS 2002) Federal poverty guidelines are established by the Office of Management and Budget, and are updated annually by the Department of Health and Human Services.

Arizona Farmers' Market Nutrition Program : The WIC Farmers' Market Nutrition Program (FMNP) is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC, provides supplemental foods, health care referrals and nutrition education at no cost to low-income pregnant, breastfeeding and non-breastfeeding post-partum women, and to infants and children up to 5 years of age, who are found to be at nutritional risk. Women, infants (over 4 months old) and children that have been certified to receive WIC program benefits or who are on a waiting list for WIC certification are eligible to participate. For additional information, call (800) 362-0101.

Child and Adult Care Food Program: Child and Adult Care Food Program provide nutritious meals and snacks to children and adults. For additional information, call Arizona Department of Education at (602) 542- 8700.

Free Meals	Incomes at or below 130 percent of the poverty level
Reduced meals	Incomes between 130 percent and 185 percent of the poverty level
Full price meals	Incomes over 185 percent of poverty level

Commodity Supplemental Food Program: The population served by CSFP is similar to that served by USDA's [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#), but CSFP also serves people who are 60 years or older, and provides food rather than the food vouchers that WIC participants receive. Eligible people cannot participate in both programs at the same time. CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population. For additional information, call (800) 362-0101.

Food Banks, Food Pantries, and Emergency Feeding Centers:

Food Banks and Pantries can give an emergency supply of food. For additional information, call Community Information and Referral at (800) 352-3792.

Food Stamp Program: The Food Stamp Program provides low-income families with electronic benefits they can use like cash at most grocery stores to obtain a more healthy diet. Eligibility is based on the Food Stamp household's resources (such as bank accounts), income, and other requirements such as residence, citizenship or qualified non-citizen status and cooperation with the Department of Economic Security's Food Stamp Employment and Training Program. For more information call 1-800-352-8401 or visit www.arizonaselfhelp.org/

WIC – Women, Infants and Children: The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. For additional information, please call Arizona Department of Education (602) 542-8700. Income at or below [185 percent of the Federal poverty income guidelines](#).

Food Safety

- Do not add honey or corn syrup to food, water, or formula because they can be a source of spores that cause botulism poisoning in infants. (14)
- Make sure clean, safe water is used to prepare infant formula.
- Do not offer foods that can be a choking hazard such as: hot dogs, nuts, seeds, popcorn, grapes, raisins, raw vegetables, peanut butter, etc. (8)
- Never feed infants unpasteurized juice.
- Do not re-feed any baby foods that might have come in contact with saliva from baby's mouth. Over a few hours bacteria multiply and contaminate the milk or food. Using such milk could give the baby diarrhea.

Breastfeeding and Expressed Breastmilk recommendations: (15)

- Before feeding the baby always wash hands first.
- When collecting breast milk anything that comes into contact with the milk should be as clean as possible, including hands, the pump (if one is used), the container in which the milk is collected, and the bottle or bag into which the milk will be poured, if it's different from the collection container. When possible, wash the milk containers and pump parts in a dishwasher. Any supplies that come into contact with formula should be sanitized, if possible in the dishwasher or thoroughly hand washed with detergent and hot water.
- To prevent waste store breast milk in small amounts, gauging to the amount the infant drinks in one feeding.
- Freshly expressed milk can be added to already frozen milk if it is cooled first and there is less fresh milk than frozen.
- Breast milk can be stored:
 - * in the refrigerator for up to 8 days before used.
 - * in a freezer compartment located inside a refrigerator for two weeks.
 - * in a self-contained freezer unit of a refrigerator for 3-4 months
 - * in a separate deep freeze at a consistent 0 degrees F (-19 degrees C) –6 months or longer.
- Thaw frozen breast milk in refrigerator; by setting the container in a bowl of warm water; or by holding the container under lukewarm running water and shaking constantly.
- Never heat breast milk or formula in a microwave oven. Microwave heating is uneven, and some of the milk could get very hot without the container feeling hot to the touch. The hot milk could burn your baby.
- Once frozen milk is thawed, it can be refrigerated, but not refrozen.
- If disposable, pre-sterilized plastic bottle liners are used to store breast milk, be sure to handle plastic liners carefully. They are not designed for milk storage and can break if frozen

Formula Recommendations: (8)

- Wash hands before preparing infant formula.
- Clean the area where infant formula is prepared.
- Clean and disinfect reusable bottles, caps, and nipples before each use.
- Wash and dry the top of infant formula container before opening.
- Avoid adding cereal and other foods to the formula.
- Discard any milk left in the bottle when the infant has finished eating. A bottle that has been started should not be reused.
- Open containers of ready-to-feed or concentrated infant formula should be covered and refrigerated.
- Powdered formula should be stored at room temperature.
- Hold the infant in a semi-upright position during feeding.

Fight Back***Clean – Wash hands and surfaces often***

Always remember to wash hands, cutting boards, utensils, and cutting boards in hot soapy water before preparing food. Consider using paper towels to clean up kitchen surfaces. Or, if using cloth towels, consumers should wash them often in the hot cycle of the washing machine.

Separate – Don't contaminate

Separate and store raw meat, poultry and seafood from other foods on the bottom shelf of the refrigerator so juices don't drip onto other foods. If possible, use one cutting board for raw meat products and another for salads and other foods, which are ready to be eaten.

Cook to proper temperature

Cook meat, eggs, fish and poultry thoroughly. Make sure there are no cold spots in food (where bacteria can survive) when cooking in a microwave oven. For best results, cover food, stir and rotate for even cooking.

Chill - Refrigerate properly

Refrigerate or freeze perishables, prepared food and leftovers within two hours. Defrost (or marinate) food in the refrigerator, under cold running water or in the microwave.

Useful Resources:

For other food safety information from

www.FoodSafety.gov

<http://www.fightbac.org/main.cfm>

<http://vm.cfsan.fda.gov>

www.fsisusda.gov

1-888-SAFEFOOD for seafood, fruits and vegetable information from the US Food and Drug Administration

1-800-535-4555 for meat and poultry information from the United States Department of Agriculture.

Shopping/Food Resource Management

Plan meals to save money, time and effort.

Make a grocery list of all the foods needed. Make meals easier to prepare by trying new ways to cook foods and use planned leftovers to save both time and money.

Cost Saving Tips

Look for specials in the newspaper ads for the stores and for coupons for foods on the grocery list.
Look for bargains on day-old bread and bakery products
Consider buying in bulk.
Buy fresh fruits in season.
Nonfat dry milk is the least expensive way to buy milk.
Use label and shelf information in the grocery store to compare fresh, frozen, and canned foods and convenience foods versus scratch foods to see which is less expensive.
Use dry beans and peas instead of meat, poultry, or fish.

Policy/Environmental Support

Policy

American Academy of Pediatrics (AAP)

Iron Fortification of Infant Formula (16)

While the AAP believes breastfeeding is the best source of nutrition for infants, those who are not breastfed or are partially breastfed should receive an iron-fortified formula (containing between 4.0 - 12 mg of iron) from the age of birth to 12 months. The AAP discourages using low-iron infant formulas and says they should not be used to treat colic, constipation, cramps or gastroesophageal reflux.

Food and Nutrition Service, USDA, PART 226—CHILD AND ADULT

CARE FOOD PROGRAM (17)

Milk means pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, skim milk, or cultured buttermilk, which meet State and local standards for such milk, except that, in the meal pattern for infants (0 to 1 year of age), milk means breast milk or iron-fortified infant formula.

(2) Breastmilk and iron-fortified formula.

Either breastmilk or iron-fortified infant formula, or portions of both, must be served for the entire first year. Meals containing breastmilk and meals containing iron-fortified infant formula supplied by the facility are eligible for reimbursement. However, infant formula provided by a parent (or guardian) and breastmilk fed directly by the infant's mother, during a visit to the facility, contribute to a reimbursable meal only when the facility supplies at least one component of the infant's meal

Workplace Breastfeeding Support (18)

Each company, organization, or agency should develop a breastfeeding support program tailored to its needs and resources. Possible components of a workplace breastfeeding support program are facilities, written policy and education. It may be useful in larger companies to convene a task force to assess women's needs. Potential task force members include human resource specialists, company nurses, expectant mothers, an employee who is or recently was a breastfeeding mother, and a lactation consultant hired on a short-term basis.

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